BERKELY DISTRIBUTION

Page: ____ of ____ pages

Company:	
Acct Number:	
P.O. Number:	
Sidemark:	
Date:	

Client Name:	
Address:	
Address 2:	
City, State, Zip	
Phone:	
Email:	

Dual Shade Order Form

Line	Qty	Room Loc	Pattern and Color	Width	Length	Mount	Valance	Bottom Bar	Val/BR Color	Operation
1										
2										
3										
4										
5										
6										
7										
8										

Qty	
	Single Channel Remote
	Multi Channel Remote
	Single Wall Switch

Qty	
	Multi Wall Switch
	USB Wand Motor Charger
	Berkely Hub

Qty	
	Pole for Cordless
	AA Battery Tube

Order Notes: